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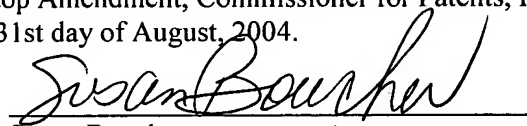
PATENT
Attorney Docket No. PXE-001C1
(8037/2)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Boyd *et al.* CONF. NO.: 6535
SERIAL NO.: 10/764,328 GROUP NO.: 1614
FILING DATE: January 23, 2004 EXAMINER: Not yet assigned
TITLE: Methods and Composition for Diagnosing and Treating
Pseudoxanthoma Elasticum and Related Conditions

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 31st day of August, 2004.


Susan Boucher

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 pg.);
2. Fee Transmittal (1 pg.);
3. Check in the amount of \$183.00;
4. Supplemental Preliminary Amendment (9 pgs.);
5. Supplemental Information Disclosure Statement (2 pgs.);
6. Form PTO-1449 (2 pgs.),
7. Copies of cited references C6-C22; and a
8. Return receipt postcard.



TRANSMITTAL FORM

Application Serial Number	10/764,328
Filing Date	January 23, 2004
First Named Inventor	Boyd
Group Art Unit	1614
Examiner Name	Not yet assigned
Attorney Docket No.	PXE-001C1
Patent No.	Not applicable
Issue Date	Not applicable

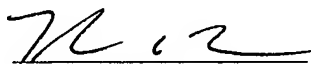
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> Supplemental Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of SIDS Citations (C6-C22)	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return receipt postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	
	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

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Respectfully submitted,

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FEE TRANSMITTAL
FY 2004

Complete if Known

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METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																						
<div>1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</div> <div>2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.</div> <div>3. <input checked="" type="checkbox"/> Applicant claims small entity status.</div>				3. ADDITIONAL FEES																																																																																						
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<div>1. FILING FEE</div> <table border="1" style="width:100%"><thead><tr><th>Large Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>770</td><td>Utility filing fee</td><td></td></tr><tr><td>340</td><td>Design filing fee</td><td></td></tr><tr><td>160</td><td>Provisional filing fee</td><td></td></tr></tbody></table> <table border="1" style="width:100%"><thead><tr><th></th><th>Number Filed</th><th>Number Extra</th><th>Rate</th><th>Amount</th></tr></thead><tbody><tr><td>Total Claims</td><td>- 20 =</td><td></td><td>x \$ 18.00 =</td><td></td></tr><tr><td>Independent Claims</td><td>- 3 =</td><td></td><td>x \$ 86.00 =</td><td></td></tr><tr><td colspan="4"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td><td>\$290.00 =</td></tr><tr><td colspan="4" style="text-align:right">TOTAL:</td><td></td></tr><tr><td colspan="4" style="text-align:right">SMALL ENTITY DISCOUNT:</td><td></td></tr><tr><td colspan="4" style="text-align:right">SUBTOTAL (1)</td><td>(\$) 0.00</td></tr></tbody></table> <div>2. AMENDMENT CLAIM FEES</div> <table border="1" style="width:100%"><thead><tr><th>Claims Remaining After Amend.</th><th>Highest No. Previously Paid For</th><th>Present Extra</th><th>Rate</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>Total 45</td><td>- 39 =</td><td>6</td><td>x \$ 18.00 =</td><td>108.00</td></tr><tr><td>Indep. 8</td><td>- 5 =</td><td>3</td><td>x \$ 86.00 =</td><td>258.00</td></tr><tr><td colspan="4"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td><td>+ \$290.00 =</td></tr><tr><td colspan="4" style="text-align:right">TOTAL:</td><td>(\$) 366.00</td></tr><tr><td colspan="4" style="text-align:right">SMALL ENTITY DISCOUNT:</td><td>(\$) 183.00</td></tr><tr><td colspan="4" style="text-align:right">SUBTOTAL (2)</td><td>(\$) 183.00</td></tr></tbody></table>				Large Entity Fee (\$)	Fee Description	Fee Paid	770	Utility filing fee		340	Design filing fee		160	Provisional filing fee			Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =		x \$ 18.00 =		Independent Claims	- 3 =		x \$ 86.00 =		<input type="checkbox"/> Multiple Dependent Claim(s), if any				\$290.00 =	TOTAL:					SMALL ENTITY DISCOUNT:					SUBTOTAL (1)				(\$) 0.00	Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid (\$)	Total 45	- 39 =	6	x \$ 18.00 =	108.00	Indep. 8	- 5 =	3	x \$ 86.00 =	258.00	<input type="checkbox"/> First Presentation of Multiple Dep. Claim				+ \$290.00 =	TOTAL:				(\$) 366.00	SMALL ENTITY DISCOUNT:				(\$) 183.00	SUBTOTAL (2)				(\$) 183.00				Other fee (Specify) _____	
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